

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------------------------------------|--|-------------|--|--------------------------|---------------------------------|------------------------|--------------------------|---------------------------|----|--|-------------------|-------------------------------------|----------------|----|-------------------------------------|-------------------------|--|--|----|--|----------|---|----|----|--------------------------|-------|---|--|----|--------------------------|-----------------------------------|--|--|----|--------------------------|-------------|--|--|----|--------------------------|------------|--|--|----|--------------------------|-------|--|--|----|---|--|--|----------------|--------------|----------|---|-------|--------|
| 1 Date of Request: <u>23 May 05</u> | | 2 Serial/Patent # <u>10/518358</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 10%;"><input checked="" type="checkbox"/></td><td style="width: 80%;">Filing</td><td style="width: 10%;">1</td><td style="width: 10%;">12/17</td><td style="width: 10%;">\$ 100</td></tr> <tr><td><input type="checkbox"/></td><td>Amendment</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Extension of Time</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Petition</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Issue</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Maintenance</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Assignment</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Other</td><td></td><td></td><td>\$</td></tr> </table> | <input checked="" type="checkbox"/> | Filing | 1 | 12/17 | \$ 100 | <input type="checkbox"/> | Amendment | | | \$ | <input type="checkbox"/> | Extension of Time | | | \$ | <input type="checkbox"/> | Notice of Appeal/Appeal | | | \$ | <input type="checkbox"/> | Petition | | | \$ | <input type="checkbox"/> | Issue | | | \$ | <input type="checkbox"/> | Cert of Correction/Terminal Disc. | | | \$ | <input type="checkbox"/> | Maintenance | | | \$ | <input type="checkbox"/> | Assignment | | | \$ | <input type="checkbox"/> | Other | | | \$ | <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">4 PAPER NUMBER</td> <td style="width: 20%;">5 DATE FILED</td> <td style="width: 20%;">6 AMOUNT</td> </tr> <tr> <td>1</td> <td>12/17</td> <td>\$ 100</td> </tr> </table> | | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | 1 | 12/17 | \$ 100 |
| <input checked="" type="checkbox"/> | Filing | 1 | 12/17 | \$ 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Amendment | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Extension of Time | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Notice of Appeal/Appeal | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Petition | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Issue | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Cert of Correction/Terminal Disc. | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Maintenance | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Assignment | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Other | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 12/17 | \$ 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="background-color: #cccccc; height: 40px; width: 100%;"></div> | | 7 TOTAL AMOUNT OF REFUND \$ <u>100</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 REASON: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 10%;"><input checked="" type="checkbox"/></td><td style="width: 80%;">Overpayment</td><td style="width: 10%;"></td></tr> <tr><td><input type="checkbox"/></td><td>Duplicate Payment</td><td></td></tr> <tr><td><input type="checkbox"/></td><td>No Fee Due (Explanation):</td><td></td></tr> </table> | | <input checked="" type="checkbox"/> | Overpayment | | <input type="checkbox"/> | Duplicate Payment | | <input type="checkbox"/> | No Fee Due (Explanation): | | 8 TO BE REFUNDED BY: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 10%;"><input checked="" type="checkbox"/></td><td style="width: 80%;">Treasury Check</td><td style="width: 10%;"></td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Credit Deposit A/C #:</td><td></td></tr> <tr><td></td><td></td><td>9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">8</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> <td style="width: 20px;">1</td> <td style="width: 20px;">3</td> </tr> </table></td></tr> </table> | | <input checked="" type="checkbox"/> | Treasury Check | | <input checked="" type="checkbox"/> | Credit Deposit A/C #: | | | | 9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">8</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> <td style="width: 20px;">1</td> <td style="width: 20px;">3</td> </tr> </table> | 1 | 8 | -- | 0 | 0 | 1 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | Overpayment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Duplicate Payment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | No Fee Due (Explanation): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | Treasury Check | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | Credit Deposit A/C #: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 11 REFUND REQUESTED BY: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%;">TYPED/PRINTED NAME: <u>Anita Johnson</u></td> <td style="width: 50%;">TITLE: <u>Paralegal</u></td> </tr> <tr> <td>SIGNATURE: <u>Anita Johnson</u></td> <td>PHONE: <u>308-9740</u></td> </tr> <tr> <td colspan="2">OFFICE: <u>DO-ED</u></td> </tr> </table> | | | | TYPED/PRINTED NAME: <u>Anita Johnson</u> | TITLE: <u>Paralegal</u> | SIGNATURE: <u>Anita Johnson</u> | PHONE: <u>308-9740</u> | OFFICE: <u>DO-ED</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>Anita Johnson</u> | TITLE: <u>Paralegal</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| OFFICE: <u>DO-ED</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: _____ DATE: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: